

moved its operation to the more mundane campus of Luton University, just north of London. Other than downscaling the location, little has changed about this operation. The labs and classrooms are a few rented rooms from the local university and the bulk of the faculty are undergraduate Luton faculty moonlighting or unemployed M.D.'s from former British colonies who are unable to pass the PLAB or practice in the U.K. There are a few Ph.D.'s that are both students and teachers. There are a large number of transfer students from the Dominican Republic and other Caribbean schools, many with a history of failures. The operation in Senegal is virtually non-existent; a call to the Senegal "office" is answered by a local lady with limited English who cannot name any local faculty, or students or describe any teaching activities at the hospital. Although this school only opened in 2000, it advertises US clerkships in 72 "Greenbook" hospitals and board passing rates of 100% in 2000 and 82% in 2001. This type of advertising is not surprising since the promoter is a graduate and former vice dean of Grace University who never completed postgraduate training. St Christopher had a fiscal and credential relationship with the disastrous St. John's University School of Medicine, closed by the Attorney General of Oregon. See <http://www.doj.state.or.us/releases/rel072500.htm>.

Kigezi International School of Medicine,

Cambridge, England, 2000

Deficiencies

Section I a,b,c,e,f,h

Section II b,f,g,k,l

Section III a,b,c,d,h,j,k

Section IV c,d,f,g,m

Section V b,c,d,e,f,h,j,k,l,m,n

Section VI a,b,c,de,f,g,j

Section VII b,c,d,f

Section VIII d

There have been few fundamental changes since the last site visit. The core of the school remains housed in the same small three story facility in Cambridge but it in no manner meets the standards of a true medical school teaching facility. Students go to the nearby Eurocenter for classes and can use building facilities. The library has added holdings and computers. More names of instructors appear in the catalog but the bulk of instruction is done by part-time faculty. Clerkships are done primarily, according to students, in the U.K and there are options to go to a hospital in Uganda. There is no listing of advertised clerkships in the United States. There is a US office, however, in the small Ohio river town of Ripley. What is particularly astonishing is the high tuition rate charged by Kigezi for such a minimal program.

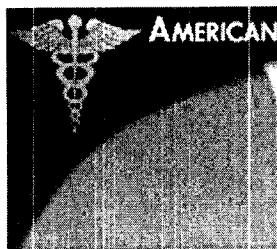
Medical College of London, London and Greenwich-Medway, Kent (2001)

This is a new school chartered as a U.S. Delaware corporation but has a base of operation in the United Kingdom. AAIMG did not learn of the existence of this facility until recently so a site visit has not yet been conducted. It advertises locations at Guys Campus of Kings College in London but will soon be moving to the University of Medway. There is a sketchy web page where vital information such as the curriculum, tuition information, clerkships affiliations etc. is missing. Not surprising, we recognize the promoter as a former Dean at St. Christopher. There is an advertised affiliation with St. Lucia College of Medicine and Health Sciences; a facility our site visitors failed to find on the island of St. Lucia. There

was a WHO listing from January 1 to December 31, 2001, which has expired. AAIMG has contacted the WHO and General Medical Council and can find no separate WHO listing for Medical College of London or any new school in St. Lucia.

London Medical College (Affiliated with IUHS)

References to this school appeared on the web site of International University of the Health Sciences as an affiliated program. The link from the IUHS website was terminated in June of 2003. The WHO cannot verify a separate listing for London Medical College.



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INTRODUCTION

The AAIMG report on Eastern European medical programs includes a small number of medical schools in various countries that offer an English language curriculum to foreign students. A majority of the programs leading to a Doctor of Medicine degree started after 1990 at reputable institutions accredited by their respective countries. There have been numerous social, economic and political changes in Eastern Europe and in the countries of the former USSR so that many schools have been renamed or listed under a new country by the World Health Organization. The World Directory of Medical Schools is being revised and should be consulted when available. The ten schools visited by AAIMG for the initial Eastern European report in 2001 all met or exceeded evaluation standards of this organization. Since 2001, many new English language programs have opened, some in very remote locations.

The association of an English language program with a historic university or a state approved medical school does not guarantee quality or adequate preparation to pass the difficult USMLE Steps I and II. Our site visitors in 2001 found numerous examples of disgruntled American students who felt they were misled about the content of the medical curriculum, requirements for language fluency and local living conditions. AAIMG has received a substantial number of complaints about

Eastern European schools. In nearly every case, the complaining student went sight unseen to a foreign medical school, rather than follow the time tested advice of AAIMG to **make a personal visit to the campus before attending**. The focus of this section is somewhat different than the more detailed reports on Caribbean, Mexican and Central American programs. The goal of the Eastern European report is to provide general observations and guidelines pertaining to the study of medicine in Eastern Europe and the countries of the former USSR.

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HISTORICAL OVERVIEW

Until the Flexner report, aspiring American physicians with financial resources and proper social contacts completed all or part of their medical education at prestigious universities in Germany, Austria, Belgium, France or Italy. As the quality of American medical education improved during the first half of the 20th century, Europe eventually became a destination of study for those Americans unable to gain acceptance in their own country. As Western European medical schools gradually admitted fewer and fewer North Americans, medical schools in Southern Europe became the next best alternative.

A majority of the founding members of AAIMG received their medical education in Spain and Italy. Studying medicine abroad between 1950-1980 meant attaining fluency in a foreign language and adaptation to a different health care and educational system. We went with the expectation of a high level of integration into the local culture. A fifth pathway year was required to compensate for perceived deficits in clinical training and technology during the third and fourth years. Enrollment in Italian and Spanish medical schools began to dwindle with the establishment of English language programs in the Caribbean Basin. In the past 10 years, Eastern European medical schools have entered the market place as a highly viable alternative for medical studies. Many programs are located at famous, centuries old universities that have produced world-renowned scientists and Nobel Prize winners. The establishment of a separate language based tract brings badly needed hard currency to institutions that rely primarily on state funding. The presence the English speaking students likewise stimulates faculty to improve their English language skills and keep abreast of new technological developments.

The original English language programs began with small groups of students in Poland, the Czech Republic and Hungary. English language medical programs are attended by students from a variety of countries including the United States, Canada, the Scandinavian countries, The United Kingdom, Greece, India, and the Middle East. In the regular medical program foreign students are numerous and study in the official language of the host country. The largest percentage of Americans studying in Eastern Europe are currently concentrated in Poland. This is due to the fact that Poland has many major universities that have been approved by the Department of Education for FFEL loans. However, not all Universities in Poland have received D.O.E. approval to this date. English language programs are found in several established medical schools in The Czech Republic and Hungary. These countries are actively seeking approval by the U.S. Department of Education on the basis of having a medical education system that has standards equivalent to those in the United States.

Despite age, history, and reputation, all Eastern European Universities have

struggled to overcome decades of repression of free thought and expression by their former Communist Governments. In some cases, prominent researchers and scholars were imprisoned, executed or fled to other countries, leaving an intellectual and leadership gap in many university faculties. Nevertheless, these seats of higher learning have struggled to re-establish an atmosphere of free thought and scholarly research. An understanding of the political history and suffering of the residents these countries will help the aspiring medical student make a better adjustment to local conditions. The next section lists common themes identified by AAIMG interviewers during site visits by listing advantages and disadvantages of medical studies in Eastern Europe.

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ADVANTAGES OF EASTERN EUROPEAN PROGRAMS

- The medical schools are older, well-established centers of learning that are part of larger university structures. The university infrastructure provides library, lab, research, computer facilities, dorms, cafeterias and recreational facilities.
- There is a well-established network of hospitals and clinics serving as teaching facilities. The patient population base is sufficient to provide exposure to a broad spectrum of medical problems in both ambulatory and inpatient settings.
- There is a long tradition of scientific inquiry, scholarly research and publication throughout most university structures. There are active research projects at all major University centers.
- There is a large faculty with a broad base of basic science knowledge and clinical experience. Most will have a working grasp of the English language to be able to read scientific publications.
- Students studying in Eastern Europe have access to significant cultural events, museums and recreational opportunities. Local public transportation is cheap and available in larger cities. Rail connections make excursions to other countries readily available.
- Tuition rates are lower at Eastern European Universities than at the better proprietary model schools in the Caribbean. The cost of living and services are reasonable. The U.S. dollar currently has a favorable exchange rate in all Eastern Europe countries.
- Americans have an opportunity to learn a new language, adapt to a new culture and work in a health care delivery system that developed from historical and political systems quite different from those found in the United States.
- A six-year program with premedical studies and language instruction is available in most English language programs to accommodate students who need to complete these courses. Classes are normally small in size.
- A few programs will allow completion third and fourth year rotations in the USA, Canada and Great Britain.

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DISADVANTAGES OF EASTERN EUROPEAN PROGRAMS

- Despite assurances by stateside recruiters, American students must learn to speak the local language if they are to become competent physicians.
- Language instruction is mandatory in all programs. Students with minimal fluency in the local language will be at a severe disadvantage completing clerkships.
- Although instruction is in English, many of the professors speak with strong accents or have minimal English language fluency.
- American students cannot expect to learn the fundamentals of a proper history and physical by using the services of an interpreter.
- Testing practices are significantly different in European Universities and are heavily skewed toward demonstration of comprehensive knowledge and a tradition of oral examinations.
- Preparation for the USMLE is left up to the individual student in most cases, although some programs are attempting to use multiple choice type exams
- Technology is often not comparable to that of U.S. hospitals and varies greatly in the hospitals and clinics.
- Library and computer resources for the English language students are often not comparable to those available to local medical students. In other words, the English language program facilities, if separate, are not always equal.
- Although patient numbers are sufficient for exposure, medical students in the English language program are in competition with local medical students and postgraduate trainees for cases. American students complained that they were often relegated to scut work and missed out on more interesting learning opportunities.
- Human relations problems were reported between local students of those in the English language program. Students in the English language programs are usually more affluent and often demanding of special treatment, creating tension and feelings of resentment.
- Low faculty wages and the University's need for hard currency does not always insure integrity in the admission process or examination administration. These practices vary significantly and do not characterize all Eastern European medical schools.
- The typical work day of a third year European student is rarely as long or rigorous as that demanded of medical students in the U.S. The typical workday is normally 8 hours with call schedules either lacking (often due to lack of call room facilities) or a fraction of the 1:4 ratio typical of U.S. student training programs
- Poor communication skills contribute to the isolation of foreign students from the teaching team. Lack of language fluency slows down medical team rounds, tries the patience of nursing staff and often confuses the patient.
- American patients are notoriously intolerant of foreign trained physicians with poor communication skills. Europeans are culturally politer and more deferential to medical authority, but their patience is not infinite.
- Lack of language fluency leads to demoralization and isolation. AAIMG evaluators observed that Americans with the poorest levels of adjustment and most complaints had achieved the least amount of language fluency.
- No English language program publishes a comprehensive list of USMLE Step I, II and CSA passing rates or has a complete list of graduates with residencies.
- Students in the English language program are disadvantaged in terms of representation in student government and have little recourse for appeal in cases of academic failure or disciplinary decisions.
- Eastern European nations vary in requirements for "eligibility" to practice

medicine in that country. Social service or internship requirements may add 1-2 additional years of study.

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SUMMARY

The study of Medicine in Eastern European countries has many advantages and disadvantages for American citizens. Many of the disadvantages have more to do with the nature and expectations of young American medical students and less to do with the actual quality of the education. Again, we visited established, highly respected medical schools with a long history of training physicians and scholarly activities. **It is not the intent of this report to devalue the quality of medical education in any Eastern European countries, but to provide some realistic guidelines for prospective American medical Students.**

The public education system and post secondary institutions in the United States do not prepare our young people to speak a foreign language. Therefore, the American students in the English language programs visited by AAIMG were at a severe disadvantage when compared to their Scandinavian, Western European and Canadian counterparts. If we were to subjectively rank the adjustment levels of various student groups encountered during the AAIMG site visits, they would read as follows (most to least adjusted)

- (1) Students of any nationality with cultural roots in the host country and some language fluency;
- (2) Students from Western European countries;
- (3) Students from Scandinavian countries;
- (4) Students from the U.K and Canada;
- (5) Other nationalities (Greek, Middle Eastern, Asian);
- (6) American citizens.

Our site visitors found many examples of satisfied Americans who had attained some language fluency and were progressing well with their medical studies. However, our evaluators encountered far too many vocal, complaining young Americans who regretted their choice of an Eastern European medical school and were looking for opportunities to transfer. This phenomenon occurred in every country. It was unclear, however, if many of these dissatisfied students would be satisfied or successful in the event they transferred to another program. Medicine is not for the faint hearted and is a grueling course of study in any country.

English language programs are growing rapidly in Eastern Europe, some without any particular attention to quality control. Many appear to be headed in the direction of a proprietary model where a few school officials receive beneficial interest from tuition paid by foreign students. While North American students are the dominant population in the Caribbean schools, the Eastern European schools attract students of many nationalities. Although the list of new programs grows annually, AAIMG chose to visit only established programs that have higher concentrations of American students.

While there were strengths and weaknesses at all of the English language programs, all programs met or exceeded AAIMG criteria. Again, these are programs that are part of established universities with qualified staff, research facilities, and a well-developed infrastructure. On the other hand, these universities

would do well to internally re-evaluate the need for a separate foreign language medical program from a strictly pedagogic point of view. A separate program creates different standards for different groups and a degree of tension and divisiveness between the local and foreign students. Unfortunately, fiscal considerations may outweigh purely educational decisions in some Eastern European medical programs.

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EASTERN EUROPEAN PROGRAMS MEETING AAIMG CRITERIA

In every case, the Eastern European medical schools visited by AAIMG evaluators more than exceeded the 75% of the evaluation criteria listed on this web page. Compared to medical schools catering to North Americans in Mexico, The Caribbean Basin and Central America, Eastern European medical schools are superior in nearly every respect. The English language medical programs, however, varied in overall organization, educational quality and student satisfaction. Therefore, our evaluators have prepared some anecdotal comments about the English language programs for each medical school.

POLAND

Jagiellonian University Medical College, Krakow

Krakow is an elegant, historic city with a centuries old medical school and large University structure. The University has a tradition of scholarly activity and names Copernicus as a distinguished alumnus. There is a four-year and a six-year English language program with roughly 30-35 students admitted annually to each section. The English language program is dominated by Scandinavian students, particularly Norwegians, who tend to study in the six-year program. The curriculum in the basic and clinical sciences is compatible with the US medical school curriculum. Following the European model, actual clinical experience begins in the second year. There is little room for electives in the fourth year and no provision to return to the US, UK or Canada for electives. Tuition is somewhat higher than other schools but this program has a great deal to offer. Polish language instruction is longer and more intense than instruction in other programs. Admission is very competitive and standards are high. There are six state hospitals and numerous clinics with sufficient numbers of patients to keep students and residents busy.

THE FOLLOWING POLISH SCHOOLS MAINTAIN RECRUITING OFFICES IN THE UNITED STATES:

University of Medical Sciences in Poznan, Poznan

This English language program, which opened in 1993, has one of the higher concentrations of North American students and markets aggressively. The medical school is unique in its affiliation with Farleigh Dickinson University and Mercy College for a 7 year B.S./M.S. program. There is a six-year option for students needing premedical studies and a more attractive four-year curriculum. The four year curriculum has a "medical Polish" language course in the first and second years but the contact hours are insufficient to promote substantial language proficiency. Lack of fluency in Polish and frustration with all aspects of the

program, especially hospital rotations, was apparent among American students. Unfortunately, recruiters minimize the importance of language acquisition by assuring prospective applicants they can rely on interpreters during their hospital rotations. The basic sciences are a standard curriculum similar to medical schools in the USA except that clinical medicine experience in internal medicine begins in the second year. The fourth academic period gives little choice in terms of electives but foreign students may complete up to 16 weeks of electives in their own countries. There are five state hospitals and numerous specialty clinics in Poznan. A historic campus is scattered throughout the central city with dorm facilities available for students in the English language medical program. There is a U.S. recruitment office in New York.

Medical School of Lublin, Lublin

Lublin is a University town with one of the country's newer medical schools, established in 1944. There is a private organization that markets the program in the United States. The medical school is part of a larger University complex containing a broad range of facilities. The English language curriculum is four or six years with more intensive Polish language instruction than found in other programs. However, the U.S. placement institute assured our prospective applicant that interpreters could be used in the third and fourth year rotations. There is a small population of American and Asian students in this program, many of whom paid a substantial fee of \$7,900 to a placement agency in the United States to be guaranteed a seat. Other nationalities in the program applied directly to the school. There are approximately 300 medical students admitted to the regular and English language programs. There was a total of about 170 Americans enrolled in the four and six year programs. Although there are 5 hospitals and a number of smaller clinics, patient contact is low due to the large number of trainees. There are opportunities for rotations at a limited number of hospitals in the USA for students placed through the private organization. To qualify for rotations in the United States, the student must first pass the USMLE Step I, then pay up to \$200.00 per week for hospital fees at U.S. affiliates. It is recommended, however, that the third year be completed in Poland.

Silesian University School of Medicine, Katowice

Katowice is a large industrial city still suffering the consequences of years of unchecked severe pollution that still plagues Eastern Europe. The city is a major university center with one of the largest medical school student populations in Poland. There are two huge campuses and many modern facilities. There is a four-year and six-year English language program with much the same student body profile as found in Lublin. There were about 180-190 American citizens present during our site visit. The same placement institute sends students to Silesian as to Lublin. There is intense language instruction but recruiters still gave the impression that the third and fourth year clerkships could be mastered with the use of interpreters. Although there are ten hospitals serving a larger geographical area and many specialty clinics, the medical school admits so many students each year that there is competition for good teaching cases. American citizens sent to Katowice by the placement institute are eligible for clerkship rotations in U.S. hospitals if they first pass Step I and agree to pay weekly Hospital fees of up to \$200.00 per week. It is recommended that third year rotations be completed in Katowice.

CZECH REPUBLIC

First Faculty of Medicine, Charles University, Prague/Hradec Kralove

Prague is truly the queen city of Eastern Europe and full of marvelous cultural opportunities. Charles University is one of the oldest Eastern European Universities founded in 1348. An application to the English language program may result in admission to the more competitive seats at the Medical Faculty of Prague or result in acceptance at another campus. There is second Charles University Medical Faculty about 60 miles away in the pretty town of Hradec Kralove. Although it is a much newer facility (established 1945), the English language program curriculum is the same as at the main campus. As in other medical schools, there is a broad mix of students in the English language program. Czech programs are six years in duration and the English language program is nearly identical to the curriculum followed by Czech medical students. An entrance examination is required for all foreign students to determine proficiency in undergraduate sciences. Language instruction is intensive in the basic science curriculum and it is clearly stated that proficiency in Czech is required for communicating with patients. Americans are a smaller percentage of students in both English language programs. There are about 200 total students in the English language curriculum, primarily composed of Scandinavians, Western Europeans, Greek citizens and students from Middle Eastern countries. Both campuses have highly computerized library and research facilities and are part of the Socrates/Erasmus Programme which links major European universities. Prague has a much larger patient base but the hospitals are scattered throughout the city and supported by smaller, decentralized specialty clinics. The centralized 1600 bed University Hospital in Hradec Kralove, however, was more than sufficient for teaching purposes.

Palacky University Faculty of Medicine, Olomouc

Olomouc is the fifth largest city in the Czech republic located in a primarily agricultural section of the country. The city has a lovely historical section which incorporates part of the University. Facilities range from massive 19th century lecture theaters to modern computerized labs. Czech language courses are taught seriously and intensively. The library is highly computerized and allows students to have access to Ovid Medline. The English language program began in 1993 and has remained a small program with few North Americans. Testing follows the European oral tradition but there is some attempt on the part of the faculty to provide multiple choice testing options. Palacky is unique in that the medical school has its own 1700 bed hospital serving the 100,000 inhabitants of Olomouc and surrounding rural communities.

HUNGARY

Albert Szent Gyorgyi Medical University, Szeged

This University has one of the oldest English Language programs in Eastern Europe (16 years) and recently opened a German language program. Hungarian medical schools are regulated by strict state codes that all students must follow. The standard curriculum is six years. Hungarian language is taught intensively and fluency is expected by the time the student enters clerkships in the last two years. There is a social service internship year that follows graduation from medical school. Graduates of Hungarian medical schools must write a thesis and pass a

state board exam. The basic curriculum is well organized with standard American and English medical texts. The patient base, clinical and hospital facilities are adequate for the size of the student body.

University Medical School of Debrecen, Debrecen

Debrecen has one of the oldest Universities in Hungary. It is the second largest city in Hungary but located in a geographically stunning area characterized by a national park and old spas with thermal baths. The English language program opened 12 years ago but adheres more to traditional European educational standards. There is a required entrance exam for all students and the curriculum for students in the English language program is almost identical to that of the six year regular program. Foreign students may receive advanced standing of one year with sufficient premedical preparation. Hungarian is a difficult language to master and taught to all students. It is clear that language proficiency is expected by the time the student reaches clerkships. There is a social service internship year that follows the graduation from medical studies. Graduates of Hungarian medical program must write a thesis and pass a state board exam.

PROVISIONAL STATUS

Semmelweis University, Budapest

Semmelweis has the advantage of being located in Budapest, one of the larger historic capitals of Eastern Europe with easy access to Austria and Germany. It is a large University and medical school located in the historic area of the city. The English language program, which is about seven years old, was found by the evaluators to be quite small and disorganized in terms of a curriculum and schedule. No one could tell us exactly how many Americans were enrolled or where to find them. We did meet Scandinavian and German students who stated there were few Americans in the program. It is a fully functional medical school but the English language program is lacking in organization and facilities. The hospitals and patient base are more than sufficient to provide challenging clinical experiences.

PROGRAMS NOT EVALUATED:

Medical University of Gdansk:

The English language program is attended primarily by Western European students. There are approximately 10 Americans according to the U.S. recruitment office. Gdansk does not yet qualify for FFEL loans but has applied. A private recruitment organization in the U.S. charges a \$5,000 placement fee.

Carol Davila, Bucharest, Romania

Despite email requests, AAIMG did not received sufficient information about the English language program to merit a visit at this time.

Medical Academy of Latvia, Riga Stradins University, Riga Latvia:

New Program, little information available at this time.

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CONCLUSION


Eastern European medical programs provide a viable alternative for young Americans unable to gain acceptance into U.S. medical schools. A majority of the programs are cost effective and train competent physicians. The problems encountered by Americans studying in Eastern Europe have little to do with the quality of medical school or differences in curriculum. Personal traits involving motivation, adaptability and willingness to learn a foreign language is the key to successful completion of a medical education in any foreign country.

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AAIMG'S WORDS OF WISDOM TO PROSPECTIVE EASTERN EUROPEAN APPLICANTS

- Be skeptical of information you receive from stateside recruiters, especially programs marketed by private placement organizations that charge high fees. Be wary of any program that minimizes the importance of learning the native language.
- All serious applicants should travel to Eastern Europe to visit medical schools in the final selection pool. A personal visit allows the applicant to speak with faculty, other students in the program and evaluate the facilities. It is money well spent and will avoid later problems.
- Apply directly to the medical school and avoid paying high fees to placement agencies. Eastern European medical schools using placement agencies have ample "seats" for qualified students. Applicants would be better off using the funds to take a vacation to Europe to evaluate the programs and apply directly.
- Expect to attain fluency in the native language for maximum adjustment and to maximize learning in clerkships. Communication is the key to the physician-patient relationship. It is difficult to treat patients properly if you totally rely on an interpreter.
- Make sure that the curriculum and facilities available to students in the English language program are comparable to those allocated for local students.
- Avoid living in dorms or housing with segregated housing for English language program students. Living with a local family or having a roommate who speaks the native language will accelerate your language skills significantly.
- Absolutely avoid programs that promise advanced standing, especially for chiropractors, podiatrists or other allied health care professionals. AAIMG has received complaints from chiropractors who enrolled in a program in the former Soviet Union and lost a great deal of money. This program is no longer in existence.
- Take advantage of the proximity of Eastern Europe to other countries and use vacation time to explore and enrich your cultural knowledge base. A friendly, considerate manner will overcome many obstacles along the way.

American Association of International Medical C .tes


AMERICAN ASSOCIATION OF INTERNATIONAL MEDICAL GRADUATES

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Medical Schools in the Caribbean Basin

We are pleased to release a preliminary report of our first set of evaluations of medical schools located in the Caribbean Basin. Our evaluation teams visited a total of 14 medical schools on various islands. In this region, six medical schools were identified as meeting or exceeding 75 % of stated criteria in all evaluation categories. In presenting the names on the list below, AAIMG does not endorse any single school or program. The following list identifies medical school programs in a variety of locations that have met the minimum evaluation criteria of this organization.



- Medical schools meeting or exceeding AAIMG evaluation criteria in the Caribbean basin

Medical Schools in Mexico and Central America

We are pleased to release a report of evaluations of medical schools with English language programs or programs that accepts students from the United States. The Federal Government of Mexico has done an exemplary job in regulating medical school education in that country. Governments in Central America vary in their regulation of post secondary and professional education.

- Medical schools meeting or exceeding AAIMG evaluation criteria in Mexico and Central America

Provisional

This category covers new medical schools that meet the 75% AAIMG evaluation criteria relative to the school's level of development. AAIMG will monitor the this school's application for review by the California Medical Board as well as the ramifications of a U.S. campus opened in the state of Maine.

- **St. Matthew's University School of Medicine**
Belize, Central America

AMERICAN ASSOCIATION OF INTERNATIONAL MEDICAL GRADUATES

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Update from the President



1. It is significantly more difficult to be accepted into medical school today than 10 years ago. MCAT scores and grade point requirements are higher. Thousands of talented, well-qualified individuals therefore are denied admission each year.
2. Failure to gain admission to a U.S. medical school should not be interpreted as a sign of failure. If you have the motivation, there are acceptable programs abroad.
3. You do not have to be gifted in a foreign language to study abroad. Many international schools have English language programs or are located in English speaking countries.
4. Over 25% of all practicing physicians in the United States are International Medical Graduates. U.S. citizens who train abroad are now a significant part of the IMG physician population.
5. There are roughly 15,000 U.S. graduates a year and approximately 21,500 postgraduate residency positions available. The number of residency programs has increased every year for the past 30 years. International Medical Graduates are needed to fill these surplus residencies.
6. The highest concentrations of IMG's are in the specialties of Internal Medicine, Psychiatry, Anesthesiology and Primary Care.
7. Over the past decade IMG's with high USMLE scores from reputable foreign programs have been able to obtain residencies in more competitive areas such as Surgery, Radiology and Obstetrics and Gynecology.
8. All medical students now take one exam called the United States Medical Licensure Exam series (USMLE). There are two additional exams for IMG's: The Clinical Skills Assessment exam (CSA) and a language proficiency exam, the TOEFL.
9. The passing rate for American and Canadian International Medical Graduates on the Clinical Skills Assessment Exam exceeds that of other foreign trained physicians.
10. Today, there is far more scrutiny of U.S. citizens studying medicine abroad

